

THE MEDICAL NEWS AND LIBRARY.

VOL. XVII.

FEBRUARY, 1859.

No. 194.

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HABERSHON, DISEASES OF THE ALIMENTARY CANAL, 12 PAGES.

CLINICS.

HOSPITAL NOTES AND CLEANINGS.

Enucleation of Scirrhus of the Breast.—It is a question often discussed in consultation when a scirrhous nodule is discovered in a breast, or when only a small portion of the mammary gland is affected by carcinoma, whether it is sufficient to remove the nodule or diseased portion, or whether it is necessary to extirpate the entire gland. Many surgeons think that if any operative proceedings be undertaken, the whole gland should be removed; others think that so severe a measure as this exposes the patient to unnecessary danger, and that it is safer and equally effectual to remove the diseased portion only. This, of course, is a question which experience alone can decide—the great question being whether, supposing the patient to do well after either proceeding, which is the more likely to be followed

by reappearance of cancer, and at what period after operation? As one fact contributed towards the solution of the problem we record a case in the practice of Mr. Spencer Wells at the Samaritan Hospital, in which he removed a scirrhous nodule the size of a large walnut from the upper segment of the left breast of a married woman, 40 years of age, early in November. As the greater part of the gland appeared to be healthy, and the woman was extremely anxious to be rid of the tumour, Mr. Wells proposed to remove it, with the intention of removing the whole gland, if he should find any signs of infiltration of carcinoma beyond the nodule. The integuments were incised, the nodule enucleated by the fingers, and the connection with the gland divided by the knife. Dr. Aitken at once made an examination of the nodule, and found that the gland tissue around it was quite healthy. Accordingly, the operation was concluded

Published monthly by BLANCHARD & LEA, Philad'a, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

In no case is this periodical sent unless the subscription is paid in advance.

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by bringing the skin together by four iron-wire sutures. There was some venous oozing from the inner end of the incision for three or four days, but the wound healed by the first intention. The woman was not confined to bed, and left the hospital in a week, not mutilated by the loss of a breast. So far there was clearly a great gain over the old practice. Whether the ultimate results of this practice prove encouraging, of course time and many cases can alone decide.—*Med. Times and Gas.*, Dec. 18, 1858.

Prolapsus of the Rectum During Lithotomy.—The occurrence of complete prolapsus of the lower bowel during the performance of lithotomy sometimes greatly embarrasses a surgeon, unless he has previously encountered such a complication, or is prepared for any emergency which may arise. The sudden protrusion of a long substance, such as an inverted rectum, has, as Mr. Fergusson stated, given much trouble in the hands of some surgeons when performing the above operation. Although we have now seen this complication present several times, we do not remember such a severe example of it as was submitted to operation at King's College Hospital on the 30th of October by the above gentleman. A child, three years of age, had suffered from symptoms of stone since birth—probably it may have been congenital—and its effects had greatly undermined the patient's health, and produced much emaciation and debility. While under the influence of chloroform, given by Dr. Anstey, lithotomy was performed, and when the stone was being extracted, the bowel prolapsed, and formed a tumour fully four inches long. This, however, did not prevent Mr. Fergusson getting away the stone, and reducing the bowel. The stone, much larger than a pigeon's egg, was a mulberry calculus, coated with a thin layer of the phosphates. Very little blood indeed was lost. The presence of such a body would very naturally irritate a part in such close proximity as the rectum, and produce prolapsus of that organ. Its removal, however, has completely obviated that inconvenience, and the child is advancing towards a good recovery.—*Lancet*, Nov. 13, 1858.

Vesico-Vaginal Fistula.—It appears from the following extract from a letter from

the Paris correspondence of the *Med. Times and Gas.* (No. for December 18, 1858), that Dr. BOZEMAN has successfully performed his operation for vesico-vaginal fistula in one of the Paris Hospitals.

"M. Bozeman, to whose appearance in this quarter of the world we made allusion in our last communication, left Paris on the 25th ult. On the day preceding his departure, he removed the sutures from the patient on whom he operated on the morning of the 15th, being the ninth day after the operation. The removal of the sutures took place in the presence of MM. Robert, Nélaton, Verneuil, sundry English and American medical men, and a large collection of students, all of whom were naturally curious to know the result of M. Bozeman's efforts in a case which had been operated on twice without success, once by M. Robert himself, and on another occasion by M. Verneuil. The case, as we previously stated, presented some peculiar difficulties, not the least remarkable of which was the extent of the fistula. The entire "bas fond" of the bladder was destroyed, permitting the free admission of three or four fingers. M. Bozeman ranked it under his fourth category of vesico-vaginal fistulae. In vivifying the edges of the fistulous opening, the operator unavoidably cut off a small portion of the right ureter, and this little accident (the first of the kind which ever took place in the hands of M. Bozeman in similar cases) exercised, as will be seen in the sequel, some influence on the result of the case. The operation, as may be readily supposed from the extent of the fistula, required considerable time, but was ultimately completed by the introduction of no fewer than ten metallic sutures, being only two less than the largest number ever employed by M. Bozeman in similar cases. As soon as the removal of the sutures was completed, the case was most minutely examined by MM. Robert and Nélaton, both of whom stated in the most emphatic manner that it had succeeded beyond their anticipations. Although it might pass for a cure, still the cure was not complete; and a second operation of a very trifling kind (which, by the way, was predicted by Dr. Bozeman some days before he undertook it) will still be necessary. There remains a very small opening sufficient to admit the extremity of a crow-quill, and this opening corresponds exactly with the point where

the right ureter falls into the bladder. It would seem as if the contents of this ureter (not finding their way into the bladder, owing probably to the passage being obstructed by the sutures) had forced a way into the vagina. But for this untoward circumstance we have no doubt the cure would have been perfect. In the case above related M. B. has, however, reaped laurels, and has left behind him a very favourable impression on the minds of those who have had an opportunity of witnessing the result of his efforts in a case presenting unusual difficulties, and one, moreover, in which one of our best surgeons failed. Of the two cases of vesico-vaginal fistulae operated by M. Jobert, in the usual way, one succeeded, the other proved a failure.

Restoration of the Lower Eyelid.—We had an opportunity the other day of again seeing a patient on whom, about three months ago, Mr. Bowman performed a plastic operation for restoring the lower eyelid. A boy of rather delicate appearance was admitted on account of the great disfigurement consequent on total loss of the right lower lid from sloughing after fever. The skin of the cheek was drawn upwards, and was adherent to the lower edge of the orbit, the under part of the globe being exposed. The motions of the eye itself and its sight were perfect. The method adopted consisted in the transplantation of a large flap of skin from the temple, long enough to reach, when twisted over, to the inner canthus. The cheek where united to the orbit was freely detached, care being taken to dissect upwards the adherent conjunctiva, and no portion of the cicatrix being sacrificed. The flap was fully an inch in breadth, and was secured in place by numerous interrupted sutures of wire. The operation was a bold and extensive one, and much interest was excited in the minds of those who saw it performed as to what the result would be. It was necessary on the following day to take up the flap again on account of hemorrhage from its under surface; and, milder measures failing, the bleeding spot was touched with the actual cautery. In spite, however, of this disturbance, very good union resulted and without the least sloughing. At present (nearly three months afterwards) the result is exceedingly good. The lower part of the globe is well protected by the new

lid, and although of course the scars are somewhat disfiguring, yet the improvement to personal appearance is most positive. Mr. Bowman attributes the effect obtained—which is certainly better than what we often see after similar procedures—to his having taken a very large flap. This indeed appears to be a main secret of success in plastic surgery. The flap should at the time look as if twice as large as requisite. In the subsequent process of contraction it may then be expected to make a good fit, whereas, if at first of apparently proper size, it will often shrivel up to a mere roll, and be a greater disfigurement than the previous deficiency.—*Med. Times and Gas.*, Dec. 18, 1858.

Fragments of a Sea-shell Imbedded for ten weeks in the Eyelid.—A man presented himself on Monday last among Mr. Dixon's out-patients at the Ophthalmic Hospital, with what looked like a large Meibomian tumour in the lower eyelid. There was no inflammation about it, and the skin moved freely over its surface. It felt, however, unusually hard. It was stated to have existed for about ten weeks. On everting the lid there was seen a little mass of granulations, as if a fistula existed opening into the cyst. On passing a probe into this Mr. Dixon discovered some hard bodies in its interior. The opening was enlarged, and three or four portions of a shell, varying in size from the crown of an incisor tooth to the half of a pea, were removed. The man now stated that in "a lark," about ten weeks ago, one of his comrades had thrown a "conch" at him. By a "conch," it appeared, that a murex shell was meant, one of those large spinous shells often seen as chimney ornaments. The shell had struck him on the forehead and eyebrow; and, on careful inspection, two small scars were found at the spots which he pointed out. It would seem that one of the spines had passed just within the margin of the lower lid, and, entering the mucous membrane, had been splintered by striking against the bony edge of the orbit below. No wound, whether of the skin or of the lid, had been inflicted. Mr. Dixon directed the attention of his class to the case as an interesting illustration of how very little irritation smooth and hard bodies sometimes caused when imbedded in living tissues, and also of the admirable provisions of Nature in the construction of the orbit,

the mobility of the globe, etc., against injury to the eye itself.—*Med. Times and Gaz.*, Dec. 18, 1858.

MEMOIR.

Report on Anæsthesia and Anæsthetic Agents. By R. M. GLOVER, M. D., F. R. S. E. (Continued from p. 7.)

No. IV. *Fatal Cases of Chloroform Poisoning (Continued).*—CASE 22 occurred at the public hospital at Kingston, Jamaica, January 29th, 1850. W. Bryan, age not stated, had to undergo the operation of amputation of the penis for cancer. Mr. Maggarth, who administered the chloroform, states: "I had about a drachm poured on a sponge, and applied it over his mouth and nostrils, but at first not in close contact. At no period was the atmospheric air totally excluded. The patient bore it badly, and I was frequently obliged to withdraw it to facilitate the breathing. The stage of excitement which is general came on, and he struggled and kept away the sponge for some seconds. It was again applied, when, after a few more seconds, observing that he had made a stertorous respiration, I removed it altogether. He then ceased to breathe, but after some seconds had elapsed, he made another respiration, and this occurred several times, till at length respiration entirely ceased." Every means of recovery were employed. The brain and its membranes were congested; the right side of the heart contained dark, fluid blood, and the inner side of its left cavities, and the aorta, were stained with blood. There was some disease of the aortic valves; and the heart had undergone some amount of fatty degeneration. The lungs were much congested, especially posteriorly.

CASE 23, at the Mauritius, February, 1850. An artilleryman, aged twenty-four, who was chloroformed for the removal of the last phalanx of the middle finger. A drachm of chloroform was used. Death took place almost immediately, as from syncope. Lungs emphysematous. Both cavities of the heart full of black, fluid blood.

CASE 24.—A man, aged thirty, affected with hydrocele. Hospital, Stockholm. Two drachms and a half of chloroform were administered on a sponge in a towel, rolled

up as a cone. After a few inspirations, rigidity and struggling came on. These subsided, but soon came on more strongly than before, and the towel was withdrawn. The patient not being sufficiently ineffectual, it was re-applied, when, after a few inspirations, the pulse suddenly ceased, the face and the whole surface of the body became pale, the eyes rolled upwards and inwards, and the breathing became very slow, but full and deep, the intervals between the inspirations becoming longer until they ceased entirely. The man died before the operation was begun, and within five minutes from the commencement of the inhalation. All means of resuscitation were tried. Chief appearances: the right side of the heart and great veins full of dark, fluid blood; the lungs, posteriorly, highly engorged, and exhibiting appearances like pulmonary apoplexy.

CASE 25 occurred at Glasgow, March, 1850. A boy of seven or eight years old was chloroformed before the operation for calculus. The chloroform was administered on a piece of lint. Death before the operation. No post-mortem examination.

I shall now give the ensuing cases in a more summary manner:—

CASE 26.—A police constable at Guy's Hospital, June, 1850. Removal of a portion of hand. After inhalation from a machine without effect, a napkin was used. The operation lasted one minute and a half, and he was dead before it was over. Great congestion of lungs.

CASE 27 occurred at Cavan Infirmary, in Ireland, September 20th, 1850. A man, aged twenty-nine, chloroformed for amputation below the knee. The chloroform was on lint in a sponge; a drachm and a half were given. Death in less than a minute. No post-mortem.

CASE 28.—A man, of uncertain age, in Stepney Workhouse, April, 1851.

CASE 29—at Strasbourg, June 20th, 1851. A woman, aged thirty-six; tooth-drawing. Lungs greatly congested.

CASE 30—at the Seamen's Hospital, Greenwich. A mulatto, aged forty-five, died under the operation of removing right testicle. About seventy minims were administered. A handkerchief was used. Much congestion of the brain and lungs.

CASE 31 happened at Chipping Norton. A woman, aged thirty-seven. Here ten drachms and a half were inhaled during

eight minutes to save the pain of removing impacted feces. There was no inspection.

CASE 32.—Under Mr. Lloyd, in St. Bartholomew's Hospital. Thomas H—, aged twenty-three. An aneurism by anastomosis, occupying nearly the whole of the right ear, and the soft parts before and behind it. It was determined to try to effect a cure, first by tying the arterial branches communicating with the mass, and then by pressure applied successively to different parts. The operation lasted a long time, and the patient was placed under chloroform for half an hour. This was on the 14th of March, 1852. He recovered favourably; but it was deemed necessary to repeat the operation on the 17th. In between five and six minutes the effect was produced; but hardly had Mr. Lloyd cut the skin when the pulse suddenly ceased. All means of revival were tried, and the respiration did return for a short time, but at length he died. The chief appearances were distension of the right side of the heart and large veins with dark fluid blood. The lungs were collapsed, and not congested; but the mucous membrane of the trachea and large bronchi was greatly gorged with dark blood. There was old cerebral disease, but no recent lesion.

CASE 33, at Ulm, June 27th, 1852. A woman, aged thirty-two; operation, tooth-drawing; almost instant death. Lungs congested.

CASE 34 occurred at Australia. A man, age not stated. Operation, fistula. About a drachm was administered. Almost instant death. The heart was found diseased, and he had been very intemperate.

CASE 35 at Manchester; a factory operative. He was operated on for a malignant tumour of the right thigh, December 16th, 1852. He became insensible in about seven minutes. The operation had hardly commenced, when he gave a strong gasp and expired. "The autopsy showed that asphyxia, produced by the chloroform, was the cause of death. There was congestion both of the brain and lungs." Verdict: "Died from the effects of chloroform."

CASE 36—in University College Hospital, March 19th. A woman, aged twenty-three, was chloroformed to prevent the pain of the application of nitric acid to sloughing sores of the labia and vagina. A drachm of chloroform was administered on lint. After

a little excitement, she expired. There was fatty disease of the heart.

CASE 37—at the Hôtel Dieu of Orleans. A soldier, aged twenty-five, had about a gramme of chloroform administered on a sponge, and then, as no effect was produced, four drachms. He became insensible, and the operation (removal of a small tumour of the lip) was proceeded with. Instant death took place. Great congestion of the lungs; heart excessively flaccid, with some soft clots in right cavities. The surgeon under whose care the case occurred, M. Vallt, says: "Death is preceded by symptoms resembling those of asphyxia, when first respiration, and then circulation, cease."

CASE 38—in the Edinburgh Infirmary, October 28th. A man aged forty-three, on whom Mr. Dunsmure was about to operate for stricture of the urethra by perineal section. About an ounce of chloroform was used. He died almost immediately, after a convulsion like an epileptic fit. No particular morbid appearance noted.

CASE 39—in University College Hospital. Death previous to an operation for hernia, under Mr. Quain, Oct. 7th, 1853; a woman aged forty. A drachm and about forty minims of chloroform were applied on lint. After much struggling and stertorous breathing, the pulse suddenly ceased. Various attempts at recovery were made. There was fatty heart.

CASE 40—at St. Bartholomew's, October 20th, under Mr. Paget's care. Operation, cauterization of a cancrroid sore on the vagina of a woman of loose habits, aged twenty-two. An inhaler was used, with a sponge. About a drachm and a half supposed to be inhaled. In about five minutes, when Mr. Paget was about to commence, she was found to be pulseless, and the face turgid and congested. Almost the sole morbid appearance was the darkness and fluidity of the blood.

CASE 41 occurred at Vienna. A girl of thirteen, operated on for lipoma. Sudden death almost before the skin was touched.

CASE 42—at the Bristol Infirmary, on Jan. 24th, 1854. A woman, aged fifty-nine. Chloroform was administered on a sponge, to more easily reduce a dislocation of the humerus. Only a drachm was used. Death in five minutes. Lungs gorged with dark, fluid blood.

CASE 43.—Hôpital St. Antoine, Paris,

spring of 1854; a woman, aged forty. Operation, removal of a uterine polypus. Death in about two minutes. All the organs healthy, but the right side of the heart gorged with dark fluid blood.

CASE 44.—at Sheffield; a middle-aged lady, for cancer of the left breast. More than an ounce used; death in about twenty minutes. Lungs congested.

CASE 45.—Lock Hospital, London; a youth of eighteen; chloroformed for an operation on the prepuce, May, 1854. Two drachms were used, from an inhaler; sudden death in six minutes. Congestion of brain and lungs; fluidity of blood.

CASE 46.—Middlesex Hospital, July 34th, 1854; a stout man, of sixty-five; chloroformed for amputation of thigh. Snow's inhaler used, and three or four drachms given. Death in thirteen or fourteen minutes. Heart fatty; blood coagulated in the heart.

CASE 47.—at the Royal Ophthalmic Hospital, April 10th, 1855. Snow's inhaler used; inhalation before removing an eyeball. Death in a few minutes. Lungs congested; blood everywhere fluid.

CASE 48.—A lady, aged twenty-nine; September 8th, 1855; died suddenly while inhaling chloroform from a handkerchief, under the care of Mr. Roberts, a dentist of Edinburgh, for alleviation of the pain of toothache. There was no autopsy.

CASE 49.—A sailor, aged thirty, at St. Thomas's Hospital; chloroformed for the removal of diseased bone from a finger. A sponge was used, and a drachm given. Death after a kind of epileptic fit. Fatty degeneration of heart.

CASE 50 occurred in the private practice of Mr. Paget. The operation was for removal of a tumour of the scapula; the patient, a boy of nine years. An inhaler was used; death in about six minutes. No post-mortem. (Feb. 28th, 1857.)

CASE 51.—at Liverpool, April 5th, 1857; a labourer, aged thirty-five; chloroform given on lint. Death before the operation. Lungs healthy; right side of heart contained fluid blood.

CASE 52.—at King's College Hospital, August 7th, 1857; a girl of seventeen, chloroformed for removal of syphilitic warts and ulcers. Snow's inhaler was used. She had hardly been touched with nitric acid when she died. The lungs were healthy, only slightly congested.

[I find I have left out at least one recorded case. A Mr. Martin died, near Melrose, on Aug. 10th, 1852, during the influence of chloroform while undergoing an operation for the application of caustic potash to some ulcers of the leg. There was also a case at Leeds, where chloroform was repeatedly used during an attack of delirium tremens, and where it seems doubtful whether the chloroform or the disease was most the cause of death.]

So far Dr. Snow, who gives only fifty cases.

Recent Deaths.—As the best short summary of the more recent cases, I extract the following observations from Dr. Richardson's Report on Forensic Medicine and Toxicology, in the number of the *British and Foreign Medico-Chirurgical Review* for October last. He says: "Three deaths have recently occurred from chloroform—one in Paris, two in England; and one is reported in America, which happened in 1856. The accident in Paris happened to a soldier of the Imperial Guard, on the 27th of May, 1858, in the military hospital. The patient was a strong man, and apparently of sound constitution. The intended operation was the removal of the testis. Chloroform was inhaled from a folded compress containing lint, and for a time the inhalation proceeded regularly. After two or three minutes, signs of consciousness to pain being still present, the chloroform was continued, when the patient suddenly sat up, threw up his arms, every feature of his countenance expressing suffocation, and immediately he fell back lifeless. . . . Both lungs were tubercular; and, in the right lung there was a large cavity." The cases in England occurred—one at Epsom, on Aug. 27th, 1858; the intended operation was tooth extraction: the other at Towcester. The first has not yet been correctly reported; but the patient, a young woman, breathed the chloroform from a napkin, and the death was sudden. The second case will be found described at some length by a contemporary, of September 11th, 1858. Mr. Watkins administered the chloroform from a cotton handkerchief, for the purpose of examining an injured toe of a boy. The patient for a time resisted the chloroform, but seemed ultimately to come kindly under its influence. Mr. Watkins was now about to examine the toe, when the patient gave one or two stertorous inspirations. The

narcotic was then removed, but the change was apparent; the lips became livid, the pulse fell, and life was extinct. In the American case, as in that of Mr. Watkins, the chloroform was given to the patient, a soldier, to examine an injury. Tincture of chloroform, composed of one part of chloroform and two of absolute alcohol, was used, and the inhalation was from a bell-glass. The patient had fatty disease of the heart. Another case occurred at the Ophthalmic Hospital, Moorfields, on the first of this month. The patient, a boy of eight years, was operated on for strabismus. Chloroform was inhaled from lint. In about three minutes, just when the operation was commenced, he seemed to have died. Of course all the usual means of resuscitation were employed in vain. He gasped several times during the first twenty minutes of artificial respiration. The chief appearances bearing on the cause of death were intense congestion of the lungs, and some congestion of the membranes of the brain.

Besides these cases, amounting to fifty-seven, there are notices of various fatal cases incidentally given, for which I must refer to the work of Dr. Snow. I believe that there are not less than 100 cases of death by chloroform. An American physician informed Dr. Snow that he knew of three cases of unrecorded deaths in one hospital. There has been very lately a private case in the practice of Mr. Lawrence. Several cases are believed to have taken place in Scotland, where there is less publicity given to such matters than in England, from the want of the institution of the office of coroner.

The important question remains as to the causes of death in these cases, and whether other anæsthetic agents can be substituted for chloroform. We must remember the countless cases in which chloroform has been used. My own opinion is, that the chloroform kills in more ways than one, and that nothing can enable us to entirely avoid the occasional occurrence of a fatal accident. I shall commence my next paper by endeavouring to point out that it kills in three ways—first, by arresting the pulmonary circulation at the capillaries, causing sudden engorgement of the lungs and suffocation; secondly, by paralyzing the heart, and causing syncope; and thirdly, by its action on the brain and nervous centres, destroying the integrity of the nervous system.—*Lancet*, Oct. 30, 1858.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Academy of Medicine (New York).—[We extract, from the *Herald*, the following account of the proceedings of the meeting of the New York Academy of Medicine, held on the 19th of January. Like most newspaper reports of medical discussions, it is in some particulars, probably defective, but the main statements—at least those of Drs. Beales and Mott—appear to be authentic, having their signatures affixed:—]

A meeting of the Academy of Medicine, of unusual interest, took place at the University last night. There has been a rumour widely circulated through the city for some weeks past that a well-known citizen—Samuel S. Whitney, Esq.—came to his death by malpractice at the hands of one of the most extensive practising physicians of the city. This report of course created a lively and wide-spread excitement. The probabilities of its truthfulness have been warmly discussed on either side. It was expected that the highest medical authority of the city would give an authoritative expression of opinion upon the subject last night—so there was an unusually large attendance of the members of the Academy of Medicine.

At half-past eight o'clock, after some special business had been attended to, the matter of the death of Mr. Whitney was taken up. The President invited Dr. Horace Green to make his statement of the case before the post-mortem examination was read.

The doctor stated that this unfortunate case was first presented to his notice on the 25th of October last. Mr. Whitney came in with the rest of his patients, and made two calls at his office before he saw him. His assistant informed him that the gentleman had called, but would not wait for his turn, and wished to see him at once; to which he replied that his rule in such cases should be adhered to, and that unless in the case of a lady, the patients should wait their turn. Mr. Whitney then came in in his turn, and entered his name on the doctor's book, as all his patients did. He stated to him that he had been in ill health for two or three years, and that for the last two months he had felt quite a bad cough, and he also complained of his throat and chest. He stated also that some physician had examined him before, and had told him that his lungs were affected. He (Dr.

Green) then made an examination of his chest by auscultation, in the presence of his assistant, Dr. RICHARDS, who, as usual in all cases which he examined, made a note of it at the time. He found the chest thin, a little depression on the left thoracic wall; percussion gave a flat sound over all the upper portion of the left lung. On applying the ear to the chest a distinct humid rale or click was heard below the left clavicle in both inspiration and expiration. These symptoms, when accompanying the signs, were indicative, in his (Dr. Green's) experience, of the presence of tubercular softening. Mr. Whitney's throat appeared granulated and inflamed, and the left tonsil was slightly enlarged and ulcerated; the epiglottis was thickened, and its border whitened with a line of erosion. The doctor then gave an account of the several interviews which he had with Mr. Whitney from the 26th of October to the 4th of December, and his treatment on these occasions—the application of a solution of nitrate of silver to the fossæ, epiglottis, and into the glottis, and the use of the "probang." The visits of the patient occurred at such long intervals that he found that the parts were not prepared for the introduction of the tube; but as Mr. Whitney had several times expressed a desire to have it used, he (Dr. Green) resolved, on the 6th of December, to make the attempt. The tube was, therefore, introduced and the nitrate of silver applied. Dr. Green then proceeded at length to detail the facts of the case, and stated that he had not seen Mr. Whitney from the 9th of December until he heard of the death. He was most willing that the matter should be discussed by the Academy, and he left the matter entirely in their hands. Dr. Green continued at some length.

The President then said that Dr. Foy should next be heard.

Dr. Foy rose and said: I was present on the occasion described by Dr. Horace Green, and saw the application made upon Mr. Whitney. Dr. Green has stated exactly the particulars of that occurrence. On introducing the tube into the throat of the decedent he made a sudden motion of the head and gave an expression of pain. The pain was not greater than I myself have felt upon having the uvula touched with nitrate of silver. The date of that visit is fixed upon my mind with certainty; so, also, is the

size of the probang, for I remember noticing it very particularly, and telling Dr. Green that I could not get even a small probang, nor one thus curved, at the druggist's. Mr. Whitney left the office before I did, and left it not suffering any particular inconvenience.

STATEMENT OF DR. J. C. BEALES.

I find myself in a very disagreeable situation. It is the first time I was ever engaged in any controversy with any of my professional friends, and you have never known me to enter into any professional dispute of any kind before, I always have avoided it. Upon the present occasion I shall be forced to take a position antagonistic to Dr. Green, for which I have abundance of evidence; and I assure you it is not voluntarily assumed, but forced upon me.

In the statement of the case I am about to read to you I am sorry to say that there are some expressions in the commencement which are put in with very great reluctance, but owing to the different reports that have been circulated, I felt it necessary to insert them, that you may have a just comprehension of the state and feeling of the patient—

Condition and Feeling of Mr. Whitney between his last treatment by Dr. Green and his Death.—December 14, 1858. About one in the afternoon I was called to see Samuel S. Whitney; I found him surrounded by several members of his family, in a state of the most intense excitement, suffering, and terror; in answer to my inquiries as to what had happened, he answered: "Sit down, Beales, and I will tell you the truth; I was such a fool as to go to Dr. Green to be operated upon, and the d—d villain has killed me." His countenance was pale and haggard, and had all the appearance of a man whose nervous system had received a severe shock; his breathing was occasionally irregular and almost spasmodic, coughing almost incessantly, and speaking with great difficulty and pain, in a hoarse and unnatural tone of voice; his skin was cold and clammy, and covered with perspiration; the pulse was extremely frequent, feeble, irregular, and intermittent; he was excessively restless, not remaining in the same place more than a few minutes at a time; complaining of intense pain in the region of the larynx, shooting through to the cervical vertebrae, and down the course of the trachea to the chest; he kept grasping the larynx,

and reiterating every few minutes that he was murdered; I endeavoured to calm the excitement of the patient, and tried to examine his fauces and throat, which appeared in a state of great inflammation; I discovered no lesion, as, in fact, on account of the pain and terror of the patient, the examination was necessarily very imperfect, as he would scarcely allow the spoon to touch his tongue, and I concluded therefore to defer the examination till he should become more quiet; I gradually ascertained, partly from the family and partly from himself, that he had been several times to see Dr. Green; on the first occasion his tonsils had been amputated; at a subsequent occasion, ten or twelve days previously (the exact dates were not told to the relator), "a hollow tube had been passed into his lungs, and about a teaspoonful of solution of nitrate of silver had been injected into them by touching a spring at the top of the tube;" whether this was done more than once the relator does not recollect to have been stated; on the 14th of December Mr. Whitney breakfasted with his family, appearing to be in his usual health; he afterwards went to Dr. Green's office; "the doctor passed an instrument into his throat, and, finding some obstruction, he pushed the instrument with some force; he (Mr. W.) felt something give way, immediately experienced severe pain about the top of the windpipe, and told the doctor he had hurt him;" he returned home, informed the family of what had occurred, and I was called as before stated; 1 P. M. I saw him with the symptoms and in the state previously described; it was evident that, under these circumstances, the only indications that could be followed were to rally the patient's strength, to produce some reaction, and to moderate the local irritation in the fauces; to this effect I ordered him to be immediately put in bed, bottles of hot water to the feet, with sinapiams to the extremities and chest, and flaxseed poultices to the throat; a teaspoonful of chloric ether or volatile tincture of valerian in water occasionally, till reaction should be established, and a mixture composed as follows: R.—Ol. amygdal. dulc.; syrup. papav. alb.; mucilag. G. acac.; liquor potass.; a dessert-spoonful to be slowly swallowed occasionally. For nourishment he was allowed arrowroot and flaxseed tea.

14th, 7 P. M. Is suffering severe pain, described to be in the larynx, down the course

of the trachea to the chest, and round to the cervical vertebra; pulse 112, feeble and irregular; still excessively restless; other symptoms are about the same; insisted on my remaining with him all night. R.—Antimonial solut., S. morph., syrup. gummi, aq. destillat.; a dessert-spoonful every four hours; to inhale the vapour of infusion of flaxseed and poppy-heads.

15th, 3 A. M. They called me, as they observed the face to be swelling; I found extensive emphysema all round the neck, and partially in the face, rather more noticeable on the left side; he had continued exceedingly restless, scarcely dozing for a few minutes, breathing very irregular; pulse 106; urine scanty, very high coloured and turbid. Continue the same remedies and nourishment.

1 P. M. Heat of surface more natural; scarcely any pain in the chest, emphysema very much increased round the throat and face, and extending down the chest; has not slept; has taken scarcely any nourishment on account of the pain in swallowing; could not continue the inhalations, although they rather relieved him temporarily. Anodyne liniment to be applied to throat and chest.

8 P. M. Dr. Valentine Mott saw him in consultation with me. Is decidedly worse; emphysema very much increased; neck and face enormously swollen, it has extended all over the chest, but lower down on the right side; breathing somewhat laboured; pulse very feeble, irregular, and 112; skin is again covered with clammy perspiration, and about the neck and chest of a purplish erysipelatous appearance; does not particularly complain of pain, except on talking or swallowing. Dr. Mott gave a very unfavourable prognosis. Continue anodyne and take alternately a teaspoonful of ammoniated tincture of valerian.

16th, 6 A. M. Upon the whole has passed a more comfortable night; symptoms are all a shade better; the emphysema rather less in the face, but the throat and the chest are enormous, the mammae resembling those of a stout nursing woman. Continue wine whey.

1 P. M. With Dr. Mott. The emphysema extends to Poupart's ligament on the right side; but only as low as the umbilicus on the left; cough less frequent, except when he swallows; pulse 108, and rather firmer. Same remedies and nourishment.

9 P. M. With Dr. Mott. Is not so well; emphysematous swelling increasing; cannot open his eyes till the air is carefully pressed out of the lids; chest and abdomen still more swollen; pulse more feeble, 122, although he has taken nourishment more freely. Same remedies.

17th, 6 A. M. Has slept more during the night, sometimes for nearly an hour at a time; has taken more nourishment, but there begins to be considerable mucous secretion, which interrupted his respiration and gives him great trouble to expectorate; pulse very irregular and feeble; the slightest movement increases its frequency; it averages about 108.

1 P. M. With Dr. Mott. There is no observable change in the symptoms, although he says he feels more comfortable; several attempts have been made from time to time to examine the fauces and adjacent parts, but the excessive swelling rendered them useless.

9 P. M. With Dr. Mott. There is again a slight lull in the symptoms, excepting the pulse, which is extremely irregular at 108; same remedies.

18th, 6 A. M. Has passed the best night since the attack; there is a decided improvement in all his symptoms; emphysema slightly subsiding; pulse 90; is rather more hopeful.

1 P. M. With Dr. Mott. We consider him decidedly improving; all the symptoms are milder; he is slightly flighty from the effects of the anodyne.

9 A. M. Is not so well again, without any other apparent cause than he would get up during my absence and sit for about an hour in a chair; the pulse is more frequent and irregular; the difficulty of swallowing is also evidently increasing, the attempt to do so bringing on coughing, partial strangulation, and some regurgitation of the fluids.

19th, 6 A. M. Passed a very bad night, principally owing to the great increase of the mucous secretion, that keeps him almost constantly coughing and expectorating, which he does with great difficulty and suffering; the pulse very frequent, feeble, and excessively irregular; take half the dose of the anodyne at a time: (R. Ammon. carbonat. gr. iv; emula. amygd. dulc. dr. i, every four hours, in place of the tr. valerian ammoniat.); although it is certain that there is some serious lesion in the vicinity of the glottis, yet it is utterly impossible to

ascertain the state of the parts; the emphysema has rather subsided about the upper part of the face, so that he can partially open his eyes.

1 P. M. With Dr. Mott. Has slightly rallied, but the mucous secretion is increasing; the cough more frequent, and difficulty of swallowing greater; bowels have not acted for three days; continue remedies; injection; give as much nourishment as possible.

9 P. M. All his symptoms much worse; pulse more feeble, 120; difficulty of swallowing, with the coughing and strangulation very much increased; consequently has not been able to take so much nourishment.

20th, 6 A. M. Has passed a very bad night; breathing laboured, and all the difficulties of swallowing, &c., increasing; the emphysema rapidly disappearing from the face and throat; abdomen distended and tympanitic; injection did not operate; a tablespoonful of castor oil.

1 P. M. With Dr. Mott. All the symptoms gradually becoming more serious.

10 P. M. Is very much worse in every respect; respiration excessively laboured; the slightest attempt to dose threatens suffocation from the accumulation of mucus; can with difficulty be induced to swallow; the oil operated twice, and he was excessively exhausted; pulse extremely feeble and irregular, 126; he is evidently sinking.

21st, 7 A. M. During the night he became rapidly worse; did not swallow after 2 A. M., and died rather suddenly at 8 A. M., partly from exhaustion and partly by asphyxia.

Note.—A number of trifling circumstances, such as the varying appearance of the urine, the continual slight changes in the symptoms, &c., as not throwing additional light on the case, have been omitted, in order not to make the statement too tedious. J. C. BEALES, M. D.

As far as relates to this case, from the time I was called in, it is a faithful narrative.

VALENTINE MOTT, M. D.

I certify that this is a faithful copy of the original. J. C. BEALES, M. D.

New York, Jan. 18, 1859.

POST-MORTEM OF SAMUEL S. WHITNEY.

New York, Dec. 22, 1858.

Thirty hours after death nothing peculiar in the appearance of the body. Rigor mortis quite moderate. On making an incision

from under the chin, in the mesial line of the sternum, it was remarked that the anterior projection of the thyroid cartilage was more than ordinary. Directly as the knife divided the deep cervical fascia on the left side of the thyroid cartilage, pus issued out; a little further division opened into a cavity, containing pus, about the size of a large hen's egg, and extending a little in front of the pharynx, and downward behind and below the thyroid cartilage. At the upper and posterior part of this abscess there was an opening into the pharynx, large enough to admit the end of the forefinger. This abscess was lined by a large quantity of destroyed filamentous tissue, hanging from different parts of it like wetted tow. The entrance into the œsophagus immediately below this was perfectly sound, internally and externally. The larynx was now laid open from behind, and, at the first glimpse, a red point about the size and shape of a grain of wheat on the left side, a little below the left chorda vocalis, and running longitudinally, led us to exclaim, there is the point of laceration of the mucous membrane, by which the air has escaped into the cellular tissue to constitute the emphysema. On close inspection, and wiping the part with a sponge, no abrasion or aperture could be discovered. Every other part of the larynx and trachea, as far as removed, presented on its internal surface a perfectly normal appearance. Indeed, we all remarked, that we had never seen a larynx and trachea more natural and healthy. We next concluded to have a look at the bronchi and lungs. Perhaps about an inch above the division of the trachea, the most beautiful vermilion redness that we ever saw on a mucous surface commenced and extended into each bronchus, but greatest in the left, and extended down each lung. Over this peculiar redness there was a cloudy shade, which vanished after a short exposure to the air. On opening the pleura, the upper lobe of the left side, at first glance, seemed covered with white, thick pus. But, on close examination, it proved to be soft strumous-like fibrin, easily rubbed off. This, on the side and posterior part, connected that lobe in patches to the pleura costalis. These imperfect adhesions were easily broken down with the fingers. The whole of the upper part of this lobe was very red and solid, hepatized. Just at the root, or at the commencement of the bronchial ramifica-

tions, there was an open cavity, about the size of a small black walnut, of a reddish-brown colour, and irregular billows surface, as though a slough had separated. At the upper and anterior part of this cavity there was a small opening through both pleura. This lobe was cut into in different directions, but no tubercles could be found. The lower lobe was perfectly healthy. The redness of the mucous membrane of the right bronchus extended to the lung of that side, but the three lobes were perfectly normal. There were no old adhesions on either side of the cavity of the chest. Some little appearance of the emphysema remained.

VALENTINE MOTT, M. D.,
J. C. BEALES, M. D.,
ALEX' B. MOTT, M. D.

Dr. Beales said: During the number of years that I have attended Mr. Whitney's family I have not known Mr. Samuel Whitney to be seriously ill, so as to be confined to his bed; but he has for a long time been subject to various derangements of the digestive organs, such as want of appetite, torpidity of the bowels, deficiency of the bilious secretions, and occasionally a bronchial cough. For these I have frequently prescribed for him; but during the whole or greater part of the last year (as I have been informed by the family) he placed himself under the care of a homœopathic physician, so that, with two or three trifling exceptions, I was not called on to prescribe for him until the present occurrence. Toward the end of October his sister informed me that her brother was very low-spirited and depressed, as some physician had informed him his lungs were very much affected. He wanted me, therefore, to examine him, but did not want me to know that he had consulted any other physician. I was not told who it was, nor do I know to this day, although I now presume it to have been Dr. Green. Sir, I wish to state that I appreciate the stethoscope as highly as most men; I believe it, as most others do, one of the greatest discoveries in our profession, but I frankly confess that I do not believe in its infallibility, even aided by percussion. I do not believe that any man can at all times discover one or two, nor even a few tubercles, scattered about the upper lobes of the lungs. I am sure that every man, if he would frankly tell the truth, would admit that he had occasionally

been mistaken. For myself, I do not pretend to any extraordinary skill with this instrument, but, independent of my private practice I have been for fifteen years examiner for various life-insurance companies, and therefore I constantly make use of it, and ought to know something about it. Now, under these circumstances, well knowing the opinion of the other physician, I examined Mr. W. with all the care and accuracy of which I am capable; I declared to him that I could not discover any tubercles in his lungs, and that I did not believe that any existed. [No notes of the examination.] Now, sir, on turning to the report of the post-mortem examination, it will be seen that a "cavity" was found, but not a single tubercle. I will not, of course, assert that such a thing as a tuberculous cavity never exists without the presence of other tubercles, but I do say, that it is a most rare and exceptional circumstance; but I wish to make a few remarks on this "cavity." Was this a tuberculous cavity? It neither contained any kind of fluid, nor was it lined with lymph, nor the slightest appearance of false membrane, nor were there any remains of tuberculous deposit, and I at least have never seen a tuberculous cavity similar to it—in fact, although that word was used in the report as probably most readily occurring—it could scarcely be justly so called, it was rather a shallow depression or scooping out of the actual apex or superficies of the lung; its surface was not like that of a "cavity," but rough and irregular, and had that peculiar appearance that all present remarked it looked as though a slough had separated. Communicating with it was a perforation in the pleura sufficiently large to admit the little finger of the gentleman who had operated; all other appearances about the lung were of the most recent disease, the hepatization was in its earliest stage, and the adhesions spoken of were so recent that the folds of the pleura were, more properly speaking, glued together than adhered. We did not discover the slightest sign of chronic disease in or about the lung; and so striking was this fact, that Dr. Mott told the family, after the post-mortem examination, that we had not seen any diseases that might not have been produced within a week. But Dr. Mott is here, to speak for himself. Dr. Green says that the epiglottis was thickened and its border whitened with a line of erosions. At

the post-mortem, this part was very minutely and carefully examined, and found to be extraordinarily healthy and free from the slightest vestige of disease. Under all these circumstances I am forced to believe that Dr. Green erred in his diagnosis, and that these various operations were unnecessary and uncalled for. I do not say that the operating of tubing caused the disease in the lung, because I confess myself ignorant of the effects of nitrate of silver on the substance of the lungs; but for the operation itself, I do not hesitate to express my conviction that it is at all times attended with extreme peril and risk of the patient's life. I have never heard of or seen a single case of phthisis where it has effected a cure, and therefore I believe it to be perfectly unjustifiable. I believe that a slough or ecchar was formed at the apex of the lung, involving the pleura, and which, at the time of the unfortunate occurrence, became separated by the violent exertions and spasmodic coughing—the air percolated into the cellular substance, and produced the emphysema which formed so prominent a symptom. I will now leave this part of the case, and go on to that which was, after all, undoubtedly the immediate cause of the death of the patient. I mean the lesion of the pharynx. By referring once more to the post-mortem examination, it will be seen that there was a lacerated opening in the pharynx communicating with a large abscess. I have heard it rumoured—and, indeed, it has been stated in the public papers, especially in an article in the *Tribune*, which is evidently from a suspicious source—that this abscess was chronic. Insinuations were made against Dr. Mott and myself in regard to it. If, sir, the friends of Dr. Green have given currency to this idea, or intend in any way to suggest it—then has the doctor ample reason to say, "Defend me from my friends." It appears by his own statement, that for two months previously to his death, Mr. W. was under the professional care of Dr. Green—for my own part, I solemnly declare, I have never prescribed for nor heard him complain of his throat. Early in October the doctor cut out one of the tonsils. Did the chronic abscess then exist? If so, how was it that the doctor did not discover it? He several times applied the sponge and probang—did the abscess then exist? On the 8th of December, Dr. Green states that he passed the tube down the trachea. This,

at all events, whatever we may think of the operation itself, requires a careful observation of the parts; did the abscess then exist, and the doctor not discover it? But, sir, on the very day of the last unfortunate operation, Dr. G. was showing to Dr. Foy how he applied the sponge to the larynx, and showed why it only entered the pharynx—of course the organs were closely observed—how was it that the doctor did not diagnose this chronic abscess? Why, sir, the reason that Dr. G. did not see this chronic abscess was because it did not exist. Sir, I do not believe that among all those who are now listening to me, there are two opinions. At all events, to my mind, the evidence is irresistible, that in the last unfortunate operation, on the 14th of December, that the pharynx was accidentally lacerated by the probang; the first effects, as we have seen, were excessive irritation of the parts, and a severe shock, increased no doubt by the nervous temperament of the patient, and his conviction that the injury was fatal. Afterwards, doubtless portions of the various foreign bodies he attempted to swallow, food and medicine, were forced into the wound. After three or four days a sloughy abscess began to be formed, which, gradually increasing in size, formed a mechanical obstruction to swallowing; by pressure on the adjoining parts prevented the epiglottis from properly closing, and produced the strangulation and regurgitation which we have noticed, till at length the unfortunate patient sank from exhaustion and asphyxia. I wish now, sir, with your kind permission, to make a few remarks with respect to the post-mortem examination. I perceive by statements in the public papers, the source of which can easily be understood, that we are censured for not having Dr. Green present. I need not say that, as the case progressed, the excitement and feeling in the family did not diminish. I do not think that on this point I have the right to judge Dr. Green; he doubtless did what he thought right in the matter; but had he, by sending inquiries or showing any sympathy with the misfortune of the family, it would have offered an occasion to Dr. Mott and myself to have introduced him; that he did not so act, was repeatedly remarked by many of the family. Now, under these circumstances, it was no pleasant thing to ask permission of the family, and I frankly allow we did not. But, for myself,

I solemnly declare that I went to that examination without the slightest idea of criminating Dr. Green, but with the earnest desire to ascertain the nature and extent of the injury. But let me ask, What do these insinuations mean? I will tell you how the post-mortem examination was arranged; I asked Dr. Mott who he would wish to perform it; he replied, his son, Dr. Alexander, and on the day of that operation I was introduced, and spoke to that gentleman for the first time in my life. The insinuations to which I have alluded either mean that we were not competent for the examination (if so, let the truth be told), or that the examination or report was distorted to meet particular views. On this point I shall merely remark that Dr. Alexander Mott has never till to-night heard me say a word as to my views of the case. I do not know his. We have never interchanged a word on the subject. Both he and his father hold such positions in the profession and society as ought to place them beyond such calumnies. As for myself, those who know me, sir, will not, I am proud to believe, imagine me capable of misrepresenting solemn facts, for any purpose whatever; and this is all, sir, I think it needful to say in answer to these unmerited and disgraceful innuendoes.

Dr. VALENTINE MOTT followed, strongly substantiating the post-mortem examination, which, he said, was prepared by himself, and controverting Dr. Green's theory of the case.

After him there ensued a spirited discussion between Drs. Mott and Beales on one side, and Drs. Green and Foy on the other.

Dr. JAMES WOOD moved that the matter be referred to a committee. An exciting debate ensued upon that and other motions. There was cheering and hissing. The commotion and debate continued unabated until 11½ P. M., when the whole subject was tabled.

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The Philadelphia College of Physicians and Dr. Mütter.—We are pleased to announce that Dr. MURTER has, since his return home, perfected his liberal donation to the College of Physicians of Philadelphia. On the eighth of January last, the articles of agreement were regularly signed and sealed, according to law, by Dr. Mütter, of the one part, and by the President and Secretary of the College in behalf of the other part.

According to this agreement, Dr. Mütter is to convey to the college his pathological collection, to serve "as the basis of a museum, to be denominated 'the Mütter Museum, founded by Thomas Dent Mütter, M.D., LL.D., A.D. 1858,'" as soon as the college "shall have erected a building suitable for the reception of said collection."

Dr. Mütter agrees, also, to "defray, during the term of his natural life, the expenses of maintaining said museum."

According to the agreement, property to the amount of thirty thousand dollars is deposited in trust for the maintenance of the museum; the payment of a curator, and the endowment of a lectureship on surgical pathology, the income of said trust fund to be employed by Dr. M. during his life, and, in case of his death, by his heirs, until the requisite building is completed by the college.

In consideration of the foregoing, the college is bound to erect, within five years, a fire-proof building, containing "an apartment of sufficient dimensions for the accommodation of said museum and its probable increase."

The college is further bound to provide certain officers and adopt certain regulations for the care and management of the museum and lectureships; also, after the death of Dr. M., to disburse, through a museum committee, the income of the trust estate already described, for the following purposes and no other:—

"1. For the salary of a curator \$300 per annum.

"2. For the salary of a lecturer \$200 per annum.

"And the remainder of said income to the preparing, fitting up, keeping in order, increasing and insuring of pathological and anatomical preparations and specimens, illustrative of surgery and medicine, drawings, models, casts, and other like matters, which are intended to form the museum aforesaid."

The various details of the regulations secure the preservation and growth of the collection; its employment by the Mütter lecturers in illustration of their courses, and free access to it, under proper restriction, of graduates and students of medicine, without charge or fee.

The lectureship is to be held by the same lecturer for three years in succession, at least ten lectures being given in each an-

nual course. The lectures are to be delivered in the college building, and the same lecturer is not to be elected for two three year terms, in succession.

Pennsylvania Hospital.—Dr. Wm. PERER has resigned his appointment as physician to this institution, a post which he has held for a number of years with great honour to himself, and advantage to the hospital.

Mortality of Philadelphia in 1858.—The total mortality in Philadelphia during the past year was 10,694, being 1 in 56 of the population.

Practical Instructions in Microscopical Anatomy.—Dr. H. SCHMIDT, whose admirable paper on the minute structure of the liver in the January No. of the *American Journal of the Medical Sciences*, affords ample proofs of his skill in microscopical investigations, is engaged in giving practical instructions in Microscopical Anatomy. He will take especial care to instruct the eye and hand of the student in the method of examining microscopically, the normal structures of the human body. To accomplish this, a sufficient number of microscopes will be supplied; and, as successful results depend so much upon the proper preparation of the tissues to be examined, the fullest instructions will be given in the minute injection of organs, the making of thin and transparent sections, and the action of chemical reagents upon them. In addition, the functions of the various organs will be treated in connection with the microscopical examination of their structure, thereby affording the student an opportunity of acquiring a clear idea of their physiological relations.

Dr. S. being constantly engaged in Physiologico-Microscopical researches connected with experiments on living animals, the pupil will also have an opportunity of witnessing the method and results of such investigations. These investigations afford him a number of fine injected specimens of the various structures for microscopical studies, and he will furnish specimens at a reasonable price to those engaged in these studies.

Dr. S. may be seen at the anatomical rooms of the University of Pennsylvania, Ninth St. near Chestnut.

Semi-Monthly Medical News.—This is the title of a new journal, edited by S. M. BEMIS, M. D., and J. W. BENSON, M. D., published at Louisville, Kentucky, the first No. of which appeared at the commencement of the present year. The subscription price is three dollars a year in advance.

FOREIGN INTELLIGENCE.

Treatment of Diphtheria.—The epidemic of Diphtheria appears as yet to have fallen with far greater violence on certain country districts than in our Metropolitan population. But very few cases have been treated in the London hospitals, and several even of those to which the name has been applied have resembled more closely a form of sporadic croup. No reasonable doubt can, however, now be felt that there is amongst us a disease of peculiar character, distinct from all the forms of angina with which we have heretofore been familiar. That it is quite different from the scarlatina sore-throat is universally admitted by those who have seen much of it. One of the not least striking features of the epidemic has been its very arbitrary prevalence. It even appears to have displayed a preference for agricultural villages and districts of good repute in a sanitary point of view. Excepting we consider it a contagious disease it is difficult to account for its wide-spread and long continuance at such places as Reigate and Bagshot. From the fact above stated, we are not in a position to draw directly on hospital experience for any trustworthy rules as to treatment. The matter has, however, been a very frequent topic of conversation in medical circles, and we will endeavour to condense into a few brief notes the opinions which appear to be most generally accepted: 1st. As to tracheotomy. We used often to hear it alleged that the reason why this operation had been more successful in the hands of French surgeons in the treatment of croup than in England, was that the French croup was not unfrequently pharyngeal diphtheria, and did not involve the trachea. That opinion was probably ill-founded. The diphtherite described by Bretonneau, although undoubtedly beginning in the pharynx, usually extended to the air-tubes also. Such has certainly been the case in England. The membrane formed has differed from that of

croup only in not being so coherent, and in being in diffused patches rather than in a continuous layer. Very few, indeed, have, we believe, as yet been saved by tracheotomy since the disease appeared in this country. At the Pathological Society a few meetings ago, M. Obré mentioned a case in which he had performed the operation with great relief, but the child had afterwards sunk. It would appear, indeed, that true diphtheria is much more of a blood disease and far less of a merely local one than English croup. Bearing upon this observation, and also upon the operation in question, is an important piece of evidence which has been repeatedly given by exhibitors of specimens at the Pathological Society, that the patients sank from exhaustion and not from apnoea. In several it was most expressly stated that the breathing had become comparatively comfortable before death occurred. Such was the case in M. Obré's patient, the introduction of the canula having afforded all the relief that could have been expected from it. In another instance a child exported, when apparently in his last agonies, a perfect cast of the trachea; and the circumstance naturally excited the hope that he would then recover. The relief to his breathing was immediate and complete, but he nevertheless sank into a state of extreme debility, and so died, there being no further indications of laryngeal obstruction. The occasional occurrence of deafness or of partial blindness during convalescence from an attack of diphtheria also seems to indicate a severe constitutional lesion. Although, however, these facts may lead us to be less hopeful as to the benefit to be looked for from opening the windpipe, yet it is an operation to which resort ought certainly to be had should death seem imminent from laryngeal obstruction. It is never good practice to let a patient die; and a doubtful remedy is far better than none. The experience of the French profession is also to a certain extent encouraging as to this operation.

The one point in practice upon which, as far as we can hear, all are agreed, is the importance of early and adequate local measures. If the surgeon see the case while the membrane is as yet limited to the tonsils and fauces, he has a fair chance of being able to rescue his patient; but if already the trachea is invaded by the disease

the probabilities are far otherwise. The pharyngeal pellicles should be detached or scraped away, and the part well swabbed with some strong counter-irritant solution. Whether the application ought to be strong hydrochloric acid or an almost saturated solution of nitrate of silver opinions differ; but they coincide in insisting that whichever is employed must be used promptly, freely, and if need be, repeatedly.

As to constitutional treatment very various indeed are the remedies in which different observers have been led to place confidence. The chlorate of potash, although highly spoken of by many, does not seem to have established for itself that reputation which from its specific effects in certain forms of stomatitis many had hoped that it would gain.—*Med. Times and Gaz.*, Jan. 1, 1859.

Resuscitation after Apparent Death from Chloroform.—We have often, in recording instances of death from chloroform, taken occasion to insist upon the extreme importance, in such accidents, of performing artificial respiration efficiently, and without the slightest remission, until the result, whether fatal or otherwise, is beyond doubt. We have been furnished with the particulars of a case which has just occurred, in which re-animation was effected by this plan, under circumstances which had appeared to preclude hope; and although the case did not occur in a hospital, its importance is such as to need no apology for its mention here. We have been requested to give no names, but the facts have been supplied by the surgeon to whom the case occurred. A little girl, aged 6, was to undergo excision of the knee-joint. The operation took place in a village in the country, the operator being a surgeon to a London hospital. The child had taken chloroform to its full effect three times during the previous fortnight, in order to allow of the knee being dressed. She was emaciated to the last degree, and very feeble. Just as the operation was to be commenced, it was noticed that although she had previously been quite insensible, she was regaining consciousness, and more chloroform was given. No delay occurred in the operation itself, and the heads of the two bones were quickly sawn off. Just as the section of the tibia was completed, the gentleman in charge of the chloroform remarked that

the pulse was exceedingly feeble, and in less than another minute it had wholly ceased to beat. The child had the aspect of a corpse, and respiration was quite suspended. The tongue was at once drawn forwards, and the finger being passed backwards on to the epiglottis, it was held forwards. Artificial respiration was also immediately commenced. For about a quarter of an hour no pulse could be felt, nor was there any other sign of life. All present believed the child to be dead.

It being wished to throw some brandy into the rectum, an enema syringe was sent for to an adjacent druggist's. The one brought was out of order, and a second had to be procured from a surgeon's who lived in the same street. It was not till after the administration of the brandy that the faintest return of pulse was perceptible. For ten minutes after this the pulse continued to be only a very uncertain flicker; by degrees, however, it improved, and at length several gaspings took place. Some strong ammonia was now applied to the nostrils, after which she suddenly drew a breath and gave a little scream, from which time all was right. As usual those present estimated the length of the period of apparent death very differently, the longest mentioned being half an hour, and the shortest a quarter. The period during which artificial respiration was kept up without intermission could not have been much less than half an hour, but during the latter part of this, although there was no voluntary attempt at respiration, yet the pulse at the wrist was perceptible. On account of fatigue to the operator's arms, it had been necessary to change places three times during the employment of artificial respiration.

We need not ask attention to the lesson of encouragement which this case conveys, to the persevering carrying out of artificial respiration in these frightful accidents. The period of complete collapse is probably longer than in any case yet recorded. Had the artificial respiration been allowed to be suspended (in order to use galvanism, etc.) for ever so short a time, there can be little doubt that recovery would have been hopeless. Is there not also considerable probability that artificial respiration by pressure on the chest, if carefully done, is very much more efficient than that by the postural method (Marshall Hall's)? In the latter the weight of the body is the only means

by which the chest is emptied; and, in small and emaciated patients, its effect must, we think, be far less effective than the vigorous compression of the thorax by the hands. It is desirable to make the respiration even quicker and deeper than when naturally performed, so as to eliminate the chloroform from the blood as rapidly as possible, and for this object the postural plan can certainly stand no comparison with the manual one.—*Med. Times and Gaz.*, Jan. 1, 1859.

Use of Sanitary Science.—In the three past years there has been a steady decrease of deaths in England and Wales. In 1854 London was more fatal to life than the country generally; but it has since been so improved, that its mortality in the last of the three years has been less than that of the country in the two previous years, being very nearly level with the average of all England and Wales. The country advanced from 1 death in 43 to 1 in 49, and London from 1 in 34 to 1 in 46—something like the saving of 1 person in every 100. "There can be no doubt," adds the journalist, "that this steady improvement in the general health of the people is due most especially to the successful exertions of the men who have been urging, against every obstacle, the main principles of sanitary reform; who have got rid of town burial grounds, multiplied windows, analyzed poisonous victuals, poured down the ears of the multitude their little streams of knowledge about drains, sewers, and good water, and taught thousands to live in accordance with the laws by which men's bodies are governed."—*Ibid.*

Is a Cargo of Salt Injurious to those on board the Vessel.—The question as to whether or not salt taken as a cargo or as ballast in vessels is injurious to the health of those on board has been lately much discussed in Sardinia; the government there having endeavoured so make use of salt as ballast in men-of-war going to India. It may also soon become a question of interest in this country, now that our commerce has been thrown more widely open with China. It appears that the attention of the hygienists of Genoa was called to this point by the following circumstance. The ship *Liguria* left Genoa for Brazil in March last, with a cargo of this kind, and 450 passen-

gers; scarcely had she reached Gibraltar when an infectious malady broke out on board, in consequence of which she was compelled, after passing forty days' quarantine at the Balearic Isles, to return to Genoa with her decimated crew. Dr. Freschi, professor of Hygiene at the University of Genoa, was thereupon called upon to investigate the subject. His researches led him, putting aside all idea of any miasmatic influence arising from the salt, to recommend that the transport of salt should not be permitted in vessels which have a large number of persons on board. This opinion excited much controversy and opposition; so that Dr. Freschi called upon his confrère, Dr. Foussegives, Head-Physician of the Navy, to assist in the investigation of the subject. Dr. Foussegives' researches entirely confirmed the opinion of Dr. Freschi. He did not find that any deleterious emanations were evolved from the salt; but he considered that the source of the deleterious effects produced on the health of the crew in vessels laden with salt is to be attributed altogether to the influence of the salt on the hygrometric condition of the atmosphere. His experiments were performed at Cherbourg, where there are accumulated immense magazines of salt for the supply of the French navy; the problem being to compare the hygrometric state of a magazine half filled or thereabouts with salt, with the hygrometric state of the open air. The experiment was legitimate, he considered, because the air in the interior of a ship must, for many reasons, be even more humid than the air in any building on terra firma. The experiments were conducted by M. Besnon, a practised chemist and physician. It clearly appears from them all, that the humidity in the interior of the magazines is very much greater than outside—the medium numbers of many experiments making the proportion as about 84 to 65. This humidity had of course nothing to do with the breaking out of the fever which decimated the passengers in the *Liguria*; the deaths were evidently caused through some fever, which probably resulted from overcrowding of the ship. The main part of the especially injurious effect of the humidity has not been shown in this case. A continued and very damp condition of the interior of a ship cannot fail at last to act prejudicially upon the crew; and in this sense the fact of this

highly hygrometric condition of the air of vessels laden with salt is of much interest—indicating that special attention to ventilation should be observed in them.—*Med. Times and Gaz.*, Dec. 18, 1858.

Production of Bone.—The Paris correspondent of the *Med. Times and Gaz.* (No. for Jan. 1, 1859) writes: "At the last meeting of the 'Académie des Sciences,' held on the 6th of the present month, Dr. Olivier read an exceedingly interesting and curious paper, in which he endeavoured to throw quite a new light on the production of bone. The conclusions at which he arrived, if supported by future experiment-
alists, will not fail to produce a deep impression on the minds of physiologists; while, at the same time, they will tend to enlarge and extend the system of "anaplastie," as applied to surgery. The experiments of Dr. Olivier were conducted entirely on rabbits of different ages, and different stages of growth, and were divided by him into three series. In the first series, long slips of periosteum were detached from the tibia throughout its entire length, one of the extremities only being left attached to the bone by a peduncle; these slips of periosteum were then pushed among the muscles and twisted around them in a variety of ways. In the course of a certain time osseous matter was produced, assuming the shapes of the twisted and contorted membrane. In the second series of experiments the slips of periosteum which had been treated in the same manner as in the first series, were, three or four days after the operation, completely detached from the bone, and, notwithstanding their isolation from their original source of life, the periosteum still continued to produce bone. In the third series of experiments the periosteal covering was completely and at once separated from the bone, and immediately inserted under the skin of the shoulder and back, and still, strange to say, the periosteum produced bone. Dr. Olivier found that age modified, to a certain extent, this peculiar property of the periosteum; advanced age, for instance, while it diminished the property, did not completely destroy it. The osseous tissue obtained in this strange manner he found to be real bone, similar to that of the rest of the body. The result of these interesting and curious experiments goes to prove that bone can be obtained in

whatever part of the body the periosteum can be introduced; and, further, that a membrane may preserve its properties notwithstanding its removal from its original seat and transplantation to another part of the economy.

Ozone and Influenza.—The Registrar-General for Scotland says: "When first the substance ozone was discovered, catarrhal affections were ascribed to its excess in the air; but during the past month, neither in the neighbourhood of Glasgow or Greenock, where these affections have been so virulent, has this substance been able to be detected for days in succession, so that instead of an increase, there has been an almost complete absence of that element in the air."—*Ibid.*

Typhus Fever at Vienna.—Typhus fever is raging in Vienna. The hospitals are crowded to excess, and the mortality in the "Josephinum," where the sick soldiers are lying, is said to be very great. The general state of the public health is very unsatisfactory. A commission has been appointed by the Minister to examine the water which is swallowed by the Viennese.

Erysipelas Prevailing in the Paris Hospitals.—In the hospitals generally, erysipelas has been prevailing to an unusual extent for the last ten days; indeed in some the surgeons have, in consequence, been under the necessity of delaying operations, except in cases of a pressing description. It is quite possible that the extremely sudden changes of weather which have been experienced of late may have something to do with the appearance of this most unwelcome visitor. In the limited space of twenty-four hours we have observed the temperature of the four seasons, while frost, fog, rain, and sunshine, have followed each other in rapid succession. Not only has the health of the hospitals been affected by these sudden transitions; their influence has also been perceptible "en ville," where coughs and sore throats seem to be the order of the day.

Medical Students in Paris.—The number of inscriptions made at the Faculty of Medicine between the 2d and 15th of November was 1065. The number of new entries is 251. In 1857, the total number

of inscriptions was 1037, and of new entries 158.—*Med. Times and Gas.*, Dec. 18, 1858.

Faculty of Medicine of Paris.—M. Jarjav has been appointed Professor of Anatomy, to succeed M. Denonvilliers, and M. Gosselin Professor of Surgical Pathology, to succeed M. Cloquet.

Retirement of MM. Andral and Rayer.—These two distinguished physicians have recently resigned their posts as physicians to La Charité, which they have long held with distinguished honour.

Discomfiture of the French Homœopaths.—Persons who possess a thin dermal covering are often found to manifest a want of caution, leading them to engage in conflicts the result of which is almost inevitably a severe punishment. The homœopaths in Paris have lately been in this predicament. They have brought an action for libel against our contemporary, *L'Union Médicale*, laying the damages at fifty thousand francs; and, after a three days trial before a legal tribunal, they have lost their cause, and been sentenced to pay costs. *Voici les faits.*

In 1857, a Dr. Magnan published a book entitled, *De l'Homœopathie, et particulièrement de l'Action des Doses infinitésimales*. The author forwarded a copy of the work to the *Union Médicale*, and himself called on the editor, to request a notice. It was courteously represented to him in reply, that the sentiments both of the editorial staff and of the readers of the *Union Médicale* were as one on the subject of homœopathy; that it was not probable that the review could be otherwise than inimical to the doctrine; and that, as the habitual readers of the paper were fully aware of the fallacies of the system, it would be better to leave the book alone. M. Magnan, however, reiterated his request in pressing terms; he "preferred criticism, however severe, to silence; and asked neither indulgence for the author, nor complaisance towards the doctrine."

Accordingly, the work of M. Magnan was placed in the hands of Dr. Gallard, a well-known contributor to the *Union Médicale*; and a review, written by that gentleman, appeared in the number for October 24, 1857. This review is before us. To Dr. Magnan, individually, the tone is courteous; Dr. Gallard states that he believes

him to be "a man seriously convinced, and capable of acknowledging his error when pointed out." On homœopathy, the writer was more severe—

"Homœopathy is not a doctrine, and much less a science. It is a commerce carried on by some individuals, to the detriment of science and of humanity; and if there be a time when it has been possible to apply the Hahnemannian method without being an ignorant or miserable charlatan, it is certainly not the present. Dr. Magnan must be told, although he ignores the fact, that the most ardent followers of homœopathic doctrine have the good sense to abandon it in practice. Whenever they meet with a severe disease, they bleed, they purge, they give large doses of medicine, absolutely as if Hahnemann had never existed; but they proclaim on the house-tops what they have done by means of homœopathy. A short time ago, one of the most renowned homœopaths was called to a lady of rank, who, towards the end of an incurable malady, was attacked with anasarca and ascites. The homœopath gave her daily fifty centigrammes (nearly seven grains and three-quarters) of calomel; thereby producing a colliquative diarrhoea, which indeed diminished the dropsy for the time, but certainly hastened death. Nevertheless, the patient's friends could not see through this deception, but proclaimed in all the Parisian saloons the happy results of homœopathic treatment."

Severe, but just, are these remarks, which are only a specimen of the tone of Dr. Gallard's article. And it is not surprising, therefore, that the Parisian homœopaths should have winced under the rod thus skilfully administered to them. This review, as we have already said, appeared on October 24, 1857. On the 29th of the same month, Dr. Amédée Latour, the editor, and Dr. Richelot, the *gérant*, of the *Union Médicale*, received from two homœopathic practitioners, calling themselves the president and secretary of a "Central Homœopathic Committee," a request to make a public retraction! Of course, this very modest demand was not complied with; and thereupon twelve homœopaths brought a civil action against Drs. Gallard, Richelot, and Latour, for prejudice done both to their general reputation and to the practice of their art. For this double injury, they demanded damages to the amount of fifty thousand francs [\$10,000 dollars.]

To meet this charge, several plans might have been followed. That which was adopted by the defendants, was to place the matter on scientific grounds. Personality could not enter as an element into the debate; because none of the complainants had been mentioned in Dr. Gallard's article; and the "Central Homœopathic Committee" had no legal existence.

Dr. Gallard therefore published a *Note scientifique sur la Doctrine dite homœopathique*, which was distributed to the president and judges composing the first chamber of the Civil Tribunal. The homœopaths issued a reply—unfortunately for themselves; for it fell into the hands of Dr. Béhier, president of the Medical Society of the first *arrondissement* of Paris, who, at the desire of his colleagues, published a report, in which he followed the homœopaths through every twist and turn of their argument, leaving no retreat but confession of their error.

The cause was tried before the first chamber of the civil tribunal on November 17, December 1 and 3, 1858. Messire Emile Ollivier was counsel for the twelve homœopaths; Dr. Gallard was defended by Messire Paul Andral (son of the distinguished pathologist); and Drs. Richelot and Latour by Messires Bethmont and Victor Lefranc. On December 1, the prosecution against Dr. Latour was abandoned; and, on December 3, M. Sallantin, acting for the *procureur impérial*, summed up in an admirable speech, which is published in the *Union Médicale* for December 11. We must make a brief extract. M. Sallantin has shown that Dr. Gallard mentioned none of the complainants by name, and cites the commencing sentence of the paragraph which we have above quoted from Dr. Gallard's article. He continues—

"And M. Love and each of the complainants cry: 'Hear you the blasphemy? He means me! A charlatan—it is I! an *illuminé*—it is I! a fool—it is I! Quick, let him be mulcted of 50,000 francs!' Really, messieurs homœopaths" (continues M. Sallantin) "you have a very thin skin (*la fibre bien sensitive*). Why does that word 'charlatan' make you raise your heads? Have you a troubled conscience? Your conduct would really give one a right to think so. Let us be serious; you have but one argument. You say: 'We are homœopaths; but M. Gallard has attacked

homœopaths in general, without exception, therefore the injuries wound us severely in full front. You are not named nor pointed out; and you have no right to complain. . . . The attack of M. Gallard, inasmuch as it is general, cannot affect you. To admit the contrary, would be to interdict all criticism and all scientific discussion. Suppose, for instance, that any one, courageous enough to express his opinions, good or bad, on some of our modern writers, were to draw a contrast between Molière, Corneille, and Racine, and those who . . . forgot that the theatre ought to be a source of instruction in manners, and not a place of corruption, and a school where the crowd may learn to applaud crime and to admire all the vices. . . . He would be ready to meet criticism; but must he undergo legal prosecutions without end? Must he have to defend himself against all the journalists and *vaudevillistes* in France, and pay 50,000 francs to each? The supposition is really absurd."

On December 10, the civil tribunal pronounced judgment. Dr. Latour was declared to be dismissed from the case; and the plaintiffs were sentenced to pay his costs. As regarded Drs. Richelot and Gallard, the court consulted the homœopaths (the plaintiffs), and condemned them to pay all costs.—*British Medical Journal*, Dec. 25, 1858.

Vestiges of Creation.—The author of this work is now ascertained to be Mr. Robert Chambers, of Edinburgh.

OBITUARY RECORD.—Died, in London, on the 16th Dec., RICHARD BRIGHT, M. D., Physician Extraordinary to the Queen; Consulting Physician to Guy's Hospital, &c., in the 70th year of his age. Dr. Bright was well known by his numerous and valuable contributions to medical science, especially by his important investigations regarding renal diseases.

—Dec. 29th, 1858, in London, JOHN C. W. LEVER, M. D., Physician Accoucheur to Guy's Hospital, aged 47.

—Oct. 21st, HENRY MARSHALL HUGHES, M. D., Physician to Guy's Hospital, in the 53d year of his age.

—Dec. 13th, M. BEARD, Professor of Physiology to the Faculty of Medicine of Paris, after an illness which has prevented his lecturing for the last three years.